DECLARATION AND POWER OF ATTORNEY

ATTORNEY DOCKET NO. 10003959-1

FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

	My residence/post office address and citizenship are as stated below next to my name;								
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first an joint inventor (if plural names are listed below) of the subject matter which is claimed and for which patent is sought on the invention entitled:								
	SCAN-BASED STATE S	AVE A	AND RESTORE METHO	D AND SYSTEM FO	R INACTIVE ST	ATE POWER			
	REDUCTION								
	the specification of which is attached hereto unless the following box is checked:								
	() was filed onas US Application Serial No. or PCT International Application Numberand was amended on(if applicable).								
	I hereby state that I have reviewed and understood the contents of the above-identified specification including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty traction disclose all information which is material to patentability as defined in 37 CFR 1.56. Foreign Application(s) and/or Claim of Foreign Priority I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate listed below and which priority is claimed:								
		applicat		ireu.					
	COUNTRY		APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED U	NDER 35 U.S.C. 119			
	N/A				YES.	NO:			
2207					YES:	NO.			
C									
O	I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) list								
Sep.		API	PLICATION SERIAL NUMBER	FILING DATE					
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Residence:	3781 NW Tyler Place, Corvallis, OR	97330	
Post Office Address:	N/A		
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10003959-1

Full Name of # 2 joint inventor: Jay Dean McDougal Citizenship: USA							
	Residence:	3335 NW Goldenrod Place, Corvallis, OR 97330					
	Post Office Address:	N/A					
	Jay D ma	Donal	4	:/5/2001			
	Inventor spagnature	lagel	Date	:/8/2001			
	Full Name of # 3 joint inventor:			Citizenship:			
	Residence:						
	Post Office Address:						
	Inventor's Signature		Date				
	Thronton o digitataro		Date				
	Full Name of # 4 joint inventors			Oldsmidde			
	Residence:	:		Citizenship:			
-	Post Office Address:						
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CO.	Inventor's Signature		Date				
1							
Øì	Full Name of # 5 joint inventor:	:		Citizenship:			
N	Residence:						
2	Post Office Address:						
	Inventor's Signature		Date				
TU	•		Date				
(I)	Full Name of # 6 joint inventor	:		Clairenghin			
Şah	Residence:			Citizenship:			
	Post Office Address:						
	Total office planteds.						
	Inventor's Signature		Date				
	Full Name of # 7 joint inventor	:		Citizenship:			
	Residence:						
	Post Office Address:						
	Inventor's Signature		Date				
			Jule				
	Full Name of # 8 joint inventor	:		Citizenship:			
	Residence:						
	Post Office Address:						
	Inventor's Signature		Date				